TRUST/ESTATE/FIDUCIARY INFORMATION SHEET

FOR TAX YEAR: _____

TRUST/FIDUCIARY/ESTATE NAME: _____ TAX ID/EIN ___ ___ - ___ ___ ___ ___ ___ ___ __

MAILING ADDRESS: _____

CITY: _____ STATE:_____ ZIP: _____

PHONE: _____ EMAIL:_____

TRUSTEE/FIDUCIARY/EXECUTOR/PERSONAL REPRESENTATIVE NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE:_____ ZIP: _____

PHONE: _____ EMAIL:_____

TAX ID/SSN: _____

IS THIS THE FINAL YEAR? Y ☐ N ☐

NEW/FIRST YEAR CLIENTS

CIRCLE TYPE OF RETURN TRUST ☐ ESTATE/FIDUCIARY ☐

IF TRUST: TRUST YEAR OF FORMATION _____ STATE OF FORMATION _____

IF AN ESTATE: DECEDENT NAME _____ DATE OF DEATH _____

DECEDENT SSN: __ __ ___-___ ___-___ ___ ___ ___

BENEFICIARY INFORMATION

PLEASE LIST PRIMARY CONTACT FIRST (ATTACH LIST IF THERE ARE ADDITIONAL BENEFICIARIES)

NAME	TAX ID	ADDRESS	PERCENTAGE

IF THERE ARE MORE THAN THREE BENEFICAIRIES, ATTACH A LIST

PLEASE ATTACHMENT COPY OF TRUST/WILL IF THE FIRST YEAR OF FILING OR YOU ARE NEW TO OUR FIRM.

PLEASE ATTACH A COPY OF PRIOR YEAR RETURN IF YOU ARE NEW TO OUR FIRM.

INCOME (ATTACH ANY DOCUMENTS RECEIVED)	$
INTEREST	$
DIVIDEND	$
WAGES	$
RETIREMENT/OTHER	$

DEDUCTIONS	$	DESCRIPTION (ATTACH ANY DOCUMENTS RECEIVED)
INTEREST	$	
TAXES	$	
FIDUCIARY	$	
LEGAL	$	
ACCOUNTING/TAX PREP	$	
OTHER	$	
	$	

NOTES:

DISTRIBUTIONS

PLEASE GIVE TOTAL AMOUNTS DISTRIBUTED IF ANY, TO EACH BENEFICIARY IN 2025.

NAME	CASH RECEIVED/DATE	PROPERTY RECEIVED/DATE

ATTACH LIST OF OTHER BENEFICIARIES' DISTRIBUTION AMOUNTS, IF MORE THAN THREE

ATTACH LIST IF ADDITIONAL DISTRIBUTIONS